

# DMH Community Mental Health Stakeholder Regional Meeting



Stakeholder Summer  
August 12, 2011  
9:00AM–12:00PM  
Napa, California

CALIFORNIA DEPARTMENT OF  
Mental Health

# Welcome and Introductions

Napa High School, Napa, CA

- Sean Tracy, Community Services Division,  
CA Department of Mental Health
- Jaye Vanderhurst, LCSW, Mental Health Director,  
Napa County Health and Human Services Agency
- Kathy Gaither, Acting Chief Deputy Director,  
CA Department of Mental Health

# Acknowledgements

- DMH would like to thank our partners:
  - Mental Health Services Oversight and Accountability Commission (MHSOAC)
  - California Mental Health Directors Association (CMHDA)
  - California Mental Health Planning Council (CMHPC)
  - CA Department of Alcohol and Drug Programs (ADP)
  - CA Department of Health Care Services (DHCS)
  - CA Network of Mental Health Clients (CNMHC)
  - National Alliance for the Mentally Ill, California (NAMI CA)
  - United Advocates for Children and Families (UACF)
  - Racial & Ethnic Mental Health Disparities Coalition (REMHDCA)
  - CA Association of Local Mental Health Boards and Commissions (CALMHBC)
  - California Institute for Mental Health (CIMH)
  - Workforce Education & Training Regional Partnerships
  - Local Partners

# Facilitator for Today's Meeting

Eileen Jacobowitz  
EJC Consulting

# Overview of Today's Meeting

- Welcome and Introductions
- Meeting Overview and Goals
- Background and Context
- Stakeholder Reflections
- Small Group Break-Outs
- Small Group Summary
- Next Steps

# Language Access

- DMH recognizes the importance of language access for Limited English Proficient (LEP) and monolingual stakeholders. In an effort to improve communication and interaction with LEP and monolingual individuals, DMH is committed to:
  - Translation Services
  - Interpreter Services

# Goals of the Community Mental Health Stakeholder Meetings

- Create fully-inclusive stakeholder participation process
- Communicate clearly about current state DMH re-organization
- Educate stakeholders about the role, responsibilities and resources for the DMH
- Support efficiency and effectiveness for the community mental health system
- Develop a summary report in time for Governor's Budget consideration

# Purpose of the Community Mental Health Stakeholder Meetings

- Gather stakeholder input on future functions and program responsibilities
- Determine appropriate organizational placement of functions
- Define Community Mental Health roles/responsibilities



# Elements of the Process

- Planning & Design in Collaboration with: ADP, DHCS, MHISOAC, CMHPC, DMH OMS, CNMHC, NAMI CA, CALMHBC, UACF, CMHDA, CIMH, WET Regional Partnerships
- Pre-Meeting Education Prior to All Meetings
- Regional Meetings Throughout the State
- Statewide Webinar to Review Summary of Stakeholder Input
- Monthly Stakeholder Meetings from October 2011–July 2012

# Community Mental Health Stakeholder Meeting Schedule

## Stakeholder Summer 2011

<b>Date</b>	<b>Activity</b>
Tuesday August 2, 2011	Kick-Off Stakeholder Meeting Sacramento
Monday August 8, 2011	Regional Stakeholder Meeting Chico
Friday August 12, 2011	Regional Stakeholder Meeting Napa
Tuesday August 16, 2011	Regional Stakeholder Meeting Fresno
Thursday August 18, 2011	NAMI Conference Sacramento
Thursday August 25, 2011	Regional Stakeholder Meeting Los Angeles
Friday August 26, 2011	Regional Stakeholder Meeting Ontario
Thursday September 1, 2011	Regional Stakeholder Meeting San Luis Obispo
Wednesday September 7, 2011	CHHS/DMH/DHCS/ADP Stakeholder and Interest Groups Check-in Sacramento
Friday September 16, 2011	Statewide Webinar to share stakeholder input from all sessions Sacramento
October 2011- July 2012	DMH will sponsor monthly stakeholder community services education and update meetings

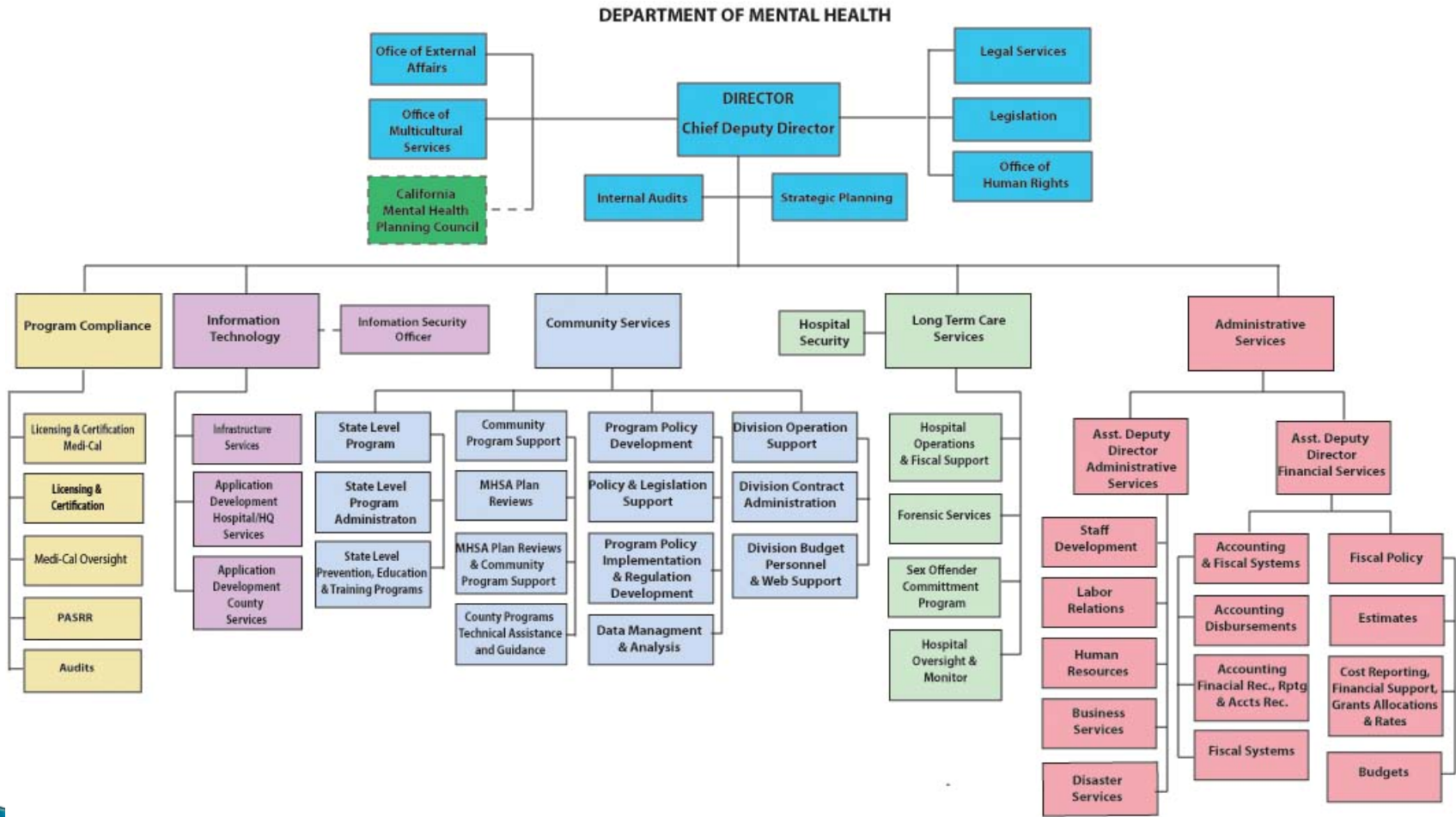
# Background and Context

Sean Tracy, Community Services Division,  
CA Department of Mental Health

# Legislative Changes

- Review of Background Summary Handout
  - Assembly Bill 100 (AB 100), Committee on Budget, Mental Health Services Act
  - Department of Health Care Services (DHCS), DMH, and Alcohol and Drug Programs (ADP) Medi-Cal transfer
    - AB 102, Committee on Budget, Health
    - AB 106, Committee on Budget, Human Services

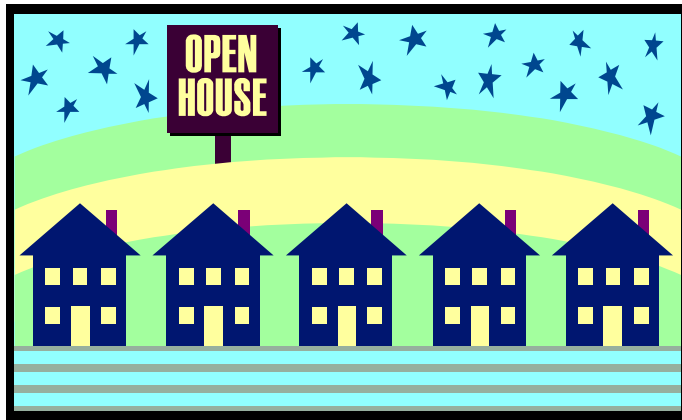
# Department of Mental Health Prior to AB100



# What Does DMH Look Like Today?

## Community Mental Health

Number of staff reduced  
from 114 to 19 positions



# Conference Compromise Detail Sheet

## Department of Mental Health = \$8.805 m

### A. Total of 19 Positions as follows: \$1.941 million Total

\$1.193 Salaries + \$447,000 benefits + \$300,000 Operating Expenses

#### 1. Housing – 7 Positions

Staff Mental Health Specialists	2.0
Staff Services Manager I	1.0
Associate Governmental Program Analyst	3.0
Office Technician	1.0

#### 2. Suicide Prevention – 3 Positions

Associate Mental Health Specialist	1.0
Staff Services Manager I	1.0
Associate Governmental Program Analyst	1.0

#### 3. Stigma Mitigation – 4 Positions

Health Education Consultant III	1.0
Staff Mental Health Specialist	1.0
Staff Services Manager I	1.0
Associate Governmental Program Analyst	1.0

#### 4. Focused Data Analysis – 5 Positions

Career Executive Appointment	1.0
Research Program Specialist I	1.0
Research Analyst II	1.0
Staff Mental Health Specialist	1.0
Office Technician	1.0

# Conference Compromise Detail Sheet

## Department of Mental Health = \$8.805 m (cont.)

### B. Contract Funds: \$6.864 million

1. CA Network of Mental Health Clients	\$268,000 (existing level)
2. National Alliance for Mentally Ill	\$283,000 (existing level)
3. Office of Multicultural Services (includes \$1.5 m Reduce Disparities at existing level)	\$1,959,000 (existing level)
4. CA Institute for Mental Health	\$4,144,000 (less than)
5. United Advocates for Children and Families	\$210,000 (existing level)



# DMH Functions Today

Functions	LOCAL	DMH	MHSOAC	CMHPC	DHCS	ADP	CalMHSA	Other / State Agency
Financial Oversight								
Issue Resolution								
County Data Collection & Reporting								
Housing								
Suicide Prevention								
Student Mental Health Initiative								
Stigma & Discrimination								
Multicultural Services								
Caregiver Resource Centers								
Co-Occurring Disorders								
Veterans Mental Health								
Disaster Response								
Early Mental Health Initiative								
SAMSHA Block Grant								
PATH								
Workforce Education & Training								
Training Contracts								
Technical Assistance								
Access / Utilization								
Program Evaluation								
Compliance/ Quality Improvement								
Other _____								

# Stakeholder Reflections

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Based on today's presentation, what are the changes in mental health at the state level that stand out for you?

# Guiding Principles for Input

# MHSA General Standards

- Community Collaboration
- Client and Family Driven
- Cultural Competence
- Wellness, Recovery and Resilience Focused
- Integrated Services Experience

# Guiding Principles for Stakeholder Input

- Improve access to culturally appropriate services
- Improve quality of care
- Improve state accountability and outcomes
- Improve efficiency and effectiveness of community mental health system
- Include realistic implementation strategies taking into consideration available resources
- Fulfill organizational/policy/legal/statutory responsibilities

# Tips for Participation

- Listen, don't worry about what you want to say and miss the good words of others.
- Don't repeat what has already been said. Share a brief sentence of support if you feel you need to say something.
- Write down your thoughts, read your statement, then offer your notes to the facilitator.

# Break-Outs



# Break-Out Question #1

Based on what you heard today, what opportunities do you see as a result of the transition at the state level?

# Break-Out Question #2

Review Mental Health Functions Handout

Which entity should assume responsibility for the functions/programs listed?

What functions/programs are missing from the list?

## Break-Out Question #3

What do you believe are the challenges associated with the changes to mental health at the state level?

How can these challenges be addressed?

# Small Group Summary

# Next Steps

# What will come of this stakeholder process?

- Stakeholder comments and input will be compiled into a comprehensive report for DMH
- DMH will host a statewide webinar to report back to stakeholders on the themes from the Community Mental Health Stakeholder Meetings
- A summary of stakeholder input will be provided by DMH to the public in October 2011

# Want To Know More?

- Please visit the Medi-Cal Transfer, Stakeholder Summer 2011 and Realignment Information webpage:

**[www.dmh.ca.gov](http://www.dmh.ca.gov)**

- Click on “Information Regarding the DHCS/DMH Medi-Cal Transfer, Summer Stakeholder, and Realignment” under the “What’s New?” section for meeting notices, information, and updates.

# Social Media Updates

- **Facebook**

- Visit the **CA Community Mental Health Stakeholder** page on Facebook
- <http://www.facebook.com/pages/CA-Community-Mental-Health-Stakeholder/179811872085830>

- **Twitter**

- Follow **CAMHStakeholder** on Twitter



# Additional Comments?

- Send written comments to:

**CommunityMHStakeholder@dmh.ca.gov**

If you would like your comments to be posted on the DMH website, please indicate your permission in your email message.

# Contact Information

CA Department of Mental Health

[CommunityMHStakeholder@dmh.ca.gov](mailto:CommunityMHStakeholder@dmh.ca.gov)